

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

HMO PLAN FOR RETIREES

		*KP NEW BENEFITS	
	Current Benefits	Non-Medicare Retirees	Medicare Retirees
Annual Deductible	None	None	None
Family Deductible	None	None	None
Hospital Deductible Per Day	None	None	None
Lifetime Maximum Benefit	No Limit	No Limit	No Limit
Co-Pay Maximum Annual	\$1,000	\$1,000	\$1,000
Family Maximum	\$3,000	\$3,000	\$3,000
You Pay			
Office Visits	\$8	\$10	\$10
Well Baby Care	\$8	\$10	\$10
Immunizations	No Charge	No Charge	No Charge
Hospital	No Charge	No Charge	No Charge
X-Ray & Lab Inpatient	No Charge	No Charge	No Charge
Surgery	No Charge	No Charge	No Charge
Emergency Room	\$25/20% non-par	\$25/20% non-par	\$25 Worldwide
Out-Patient Surgery Centers	\$8	\$10	\$10
Mental Health/Substance Abuse			
Inpatient Days Per Year	30	30	30
MH Copayment	No Charge	No Charge	No Charge

*Kaiser Permanente

Approved by the EUTF Board of Trustees on March 13, 2003

Revised as of April 21, 2003

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

PPO PLAN FOR RETIREES

	Current Benefits				New Benefits	
	Base Benefits		Major Medical Plan Benefits		*HMSA PPO	
	<u>Preferred</u>	<u>Non-Preferred</u>	<u>Preferred</u>	<u>Non-Preferred</u>	<u>Preferred</u>	<u>Non-Preferred</u>
Annual Deductible	None		\$250		\$100	
Family Deductible	None		\$1,000		\$300	
Hospital Deductible Per Confinement	None		None		None	\$200
Lifetime Maximum Benefit	None		\$250,000*		\$1,000,000	
Co-Pay Maximum Annual	\$2,500 plus ineligible charges combined under Base and Major Medical Plans				\$2,500	
Family Co-Pay Annual Maximum	No Family Maximum under combined Base and Major Medical Plans				\$7,500	
You Pay						
Office Visits	20%	30%	20%	30%	10%	30%
Well Baby Care	20%	30%	20%	30%	10%	30%
Immunizations	20%	30%	20%	30%	10%	Not Covered
Hospital	No Charge	30%	N/A	30%	10%	30%
X-Ray & Lab Inpatient	20%	30%	N/A	30%	10%	30%
Surgery	No Charge	30%	N/A	30%	10%	30%
Emergency Room	20%	30%	20%	30%	10%	30%
Out-Patient Surgery Centers	20%	30%	N/A	30%	10%	30%
Mental Health						
Inpatient Days Per Year	30	30	30	30	30	30
Copayment	20%	30%	20%	30%	10%	30%

*HMSA – Hawaii Medical Service Association

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PRESCRIPTION DRUG FOR RETIREES

	CURRENT BENEFITS		NEW BENEFITS		
	HMSA	Kaiser	Bundled with *HMSA PPO		Bundled with +KP HMO
Retail					
Supply	30 Days	30 Days	30 Days		30 Days
	Co-pays	Co-pays	Co-pays		Co-pays
Generic	\$5	\$10	\$5		\$10
Brand	\$15	\$10	\$15		\$10
Other Brand	\$30	\$10	\$30		\$10
Mail Order					
Supply	90 Days	90 Days	90 Days		90 Days
	Co-pays	Co-pays	Co-pays		Co-pays
Generic	\$10	\$15	\$10		\$20
Brand	\$35	\$15	\$35		\$20
Other Brand	\$60	\$15	\$60		\$20

*Hawaii Medical Service Association

+Kaiser Permanente

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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

DENTAL PLAN FOR RETIREES

	Current Benefits	+HDS New Benefits
Calendar Year Benefit Maximum	\$1,000	\$1,000*
Calendar Year Deductible	None	None
You Pay		
Diagnostic		
Two exams per calendar year	No Charge	No Charge
Bitewing x-rays	No Charge	No Charge
Other x-rays	No Charge	No Charge
Preventive		
Cleaning	No Charge	No Charge
Child fluoride	40%	No Charge
Child space maintainers	40%	No Charge
Child Sealants	No Charge	No Charge
Restorative		
Fillings - Amalgam	40%	40%
Fillings - Resin	40%	40%
Crowns	40%	40%
Endodontics		
Root Canal	40%	40%
Periodontics		
Periodontal scaling	40%	40%
Prosthodontics		
Dentures	40%	40%
Implants	40%	40%
Oral Surgery		
Extractions, Impacted Teeth	40%	40%

*Prorated by 50% for 7/1 – 12/31/2003 period

+Hawaii Dental Service

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VISION PLAN FOR RETIREES

	CURRENT AND *VSP NEW BENEFITS	
	<i>Network</i>	<i>Non-Network</i>
Eye Exam		
Every 12 Months	\$10 Copay	Up to \$40 Benefit
Materials		
Lenses Every 12 Months	\$25 Copay	N/A
Single Vision	No Charge	Up to \$40
Bifocals	No Charge	Up to \$60
Trifocals	No Charge	Up to \$60
Lenticular	No Charge	Up to \$60
UV Coating	No Charge	Not Covered
Materials (Lenses and/or frames)	N/A	N/A
Frames		
Every 24 Months	Up to \$105 Allowance	Up to \$40
Contacts		
Every 12 Months		
Elective	Up to \$100 Allowance	Up to \$100

N/A = Not Applicable

*VSP – Vision Service Plan

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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

LIFE INSURANCE PLAN FOR ACTIVES/RETIREES

	CURRENT BENEFITS	*AIC NEW BENEFITS
Active Employees		
Under Age 65	\$25,000	\$26,000
Age 65 – 69	\$16,250	\$16,900
Age 70 – 74	\$11,250	\$11,700
Age 75 – 79	\$7,500	\$7,800
Age 80 and Over	\$5,000	\$5,200
All Retirees	\$1,800	\$1,900

*Aetna Insurance Company

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